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FISCAL IMPACT STATEMENT

LS 6848

BILL NUMBER: SB 272

NOTE PREPARED: Jan 16, 2013

BILL AMENDED:

SUBJECT: Opioid Treatment Program and Controlled Substances.

FIRST AUTHOR: Sen. Miller Patricia

BILL STATUS: As Introduced

FIRST SPONSOR:

**FUNDS AFFECTED: X GENERAL
DEDICATED
FEDERAL**

IMPACT: State

Summary of Legislation: This bill has the following provisions:

- (1) Requires an opioid treatment program (OTP) to transmit specified information concerning a patient to the Indiana Scheduled Prescription Electronic Collection and Tracking program (INSPECT) before dispensing or administering a controlled substance to the patient.
- (2) Requires the Division of Mental Health and Addiction (DMHA) to adopt rules concerning opioid treatment programs and weaning a patient off of a controlled substance within 24 months of initial treatment in a program.
- (3) Requires drug testing of opioid treatment program patients at least one time every three months.
- (4) Requires the Medical Licensing Board of Indiana to adopt rules establishing standards and protocols in the prescribing of controlled substances.

Effective Date: July 1, 2013.

Explanation of State Expenditures: Summary: This bill could increase the workload of the DMHA to ensure OTPs report required information to the INSPECT program, adopt rules regarding a 24-month maximum duration of OTP treatment participation, and ensure OTPs comply with maximum OTP treatment participation established by rule. Increases in workload are expected to be minimal.

Additional Information:

INSPECT Reporting: Currently, pharmacists are required to report the following information to the INSPECT program when dispensing opioids (IC 35-48-7-8.1):

- (1) The patient's name.
- (2) The patient's date of birth.
- (3) The National Drug Code number of the dispensed controlled substance.
- (4) The date the controlled substance was dispensed.
- (5) The quantity of the dispensed controlled substance.
- (6) The U.S. Drug Enforcement Agency registration number of the dispenser/prescriber.
- (7) Other data required by the program.

The bill would require OTP staff who administer opioids to report the same information currently required of pharmacists who dispense opioids to INSPECT. Currently, OTP staff who administer opioids do not have to report information to INSPECT.

Requiring OTPs to report the information to the INSPECT program is expected to have no impact to the state because OTPs will be required to purchase the necessary technological capabilities to report the required information.

Failure to provide the required information contained in the bill could be punishable under current administrative code governing the DMHA's regulation of OTPs (440 IAC 10-3-1 and 440 IAC 10-3-8). To the extent OTPs fail to provide the required information to INSPECT, DMHA workload could increase to take remedial action.

Drug Testing of OTP Participants: Under the bill, OTPs would be required to periodically and randomly test an OTP participant at least one time every three months. Under current administrative rule (440 IAC 10-4-22), OTP participants are required to be tested at least eight times every 12 months (or approximately two times every three months). Because the drug testing requirement in administrative code is required at more frequent intervals than the requirement contained in the bill, this requirement is expected to have no fiscal impact.

Establishment of Weaning Period: Under the bill, the DMHA would be required to adopt rules regarding weaning OTP patients off an opioid treatment 24 months after the patient's initial treatment. The Family and Social Services Administration (FSSA) reports that currently there are no time restrictions on the duration of OTP treatment for participants.

This requirement will increase DMHA workload to adopt rules regarding maximum durations for OTP treatment participation as well as inspect OTPs for compliance with these rules. If the DMHA can inspect OTP compliance with maximum treatment participation during routine inspections of patient treatment plans, this bill can be expected to have a minimal impact on the workload of the DMHA.

(Revised) Medical Licensing Board of Indiana: The bill also requires the Medical Licensing Board to adopt rules establishing standards and protocols for prescribing controlled substances. This provision is expected to have no fiscal impact on the Medical Licensing Board.

Explanation of State Revenues: If this bill increases the number of OTPs who are found to have violated state law requiring INSPECT reporting, the state could see additional revenue from any civil penalties levied by the Director of the DMHA (440 IAC 10-3-8). Any increase in state revenue is indeterminable, but expected to be

small.

Explanation of Local Expenditures:

Explanation of Local Revenues:

State Agencies Affected: DMHA, Medical Licensing Board.

Local Agencies Affected:

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